

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

08/9-5805

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6	1	1				
7	1	1				
8		1				
9	1	1				
10	1	1				
11		1				
12		1				
13		1				
14		1				
15		1				
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17	1	1				
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48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	19					
TOTAL CLAIMS	23					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						